APPLICATION DATA SHEET

Application Information

Application Number:: Unassigned

Filing Date:: July 18, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: n/a

Suggested Group Art Unit:: n/a

CD-ROM or CD-R?:: no

Number of CD Disks:: n/a

Number of Copies of CDs:: n/a

Sequence Submission?:: no

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Computer Readable Form

(CFR)?::

Number of Copies of CFR::

n/a

no

Title:: DEVICE FOR NOTCHING THE SPINE OF A BOOK

BLOCK FORMED WITH COMPRESSED

SIGNATURES

Attorney Docket Number:: 40424-189156

Request for Early Publication?:: no

Request for Non-Publication?:: no

Suggested Drawing Figure:: n/a

Total Drawing Sheets:: 3

Small Entity?:: no

Latin Name:: n/a

Variety Denomination Name:: n/a

Petition Included?:: no

Petition Type:: n/a

Licensed US Govt. Agency:: n/a

Contract or Grant Numbers:: n/a

Secrecy Order in Parent Appl.:: n/a

Applicant Information

Applicant Authority Type:: Inventor **Primary Citizenship::** American Country:: **United States** Status:: **Full Capacity** Given Name:: Horst Middle Name:: Family Name:: KNOETIG Name Suffix:: City of Residence:: Farmingville State or Province of Residence:: New York **United States** Country of Residence:: Street of Mailing Address:: 7 Arlene Street City of Mailing Address:: Farmingville State or Province of Mailing **New York** Address:: **Country of Mailing Address:: United States** Postal or Zip Code of Mailing 11738 Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country:: Status:: **Full Capacity** Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: Country of Residence:: **Street of Mailing Address::**

City of Mailing Address::		
State or Province of Mailing Address:: Country of Mailing Address::		
Postal or Zip Code of Mailing Address::		
Applicant Authority Type::	Inventor	
Primary Citizenship::		
Country::		
Status::	Full Capacity	
Given Name::		
Middle Name::		
Family Name::		
Name Suffix::		
City of Residence::		
State or Province of Residence::		
Country of Residence::		
Street of Mailing Address::		
City of Mailing Address::		
State or Province of Mailing Address:: Country of Mailing Address::		
Postal or Zip Code of Mailing Address::		
Applicant Authority Type::	Inventor	
Primary Citizenship::		
Country::		
Status::	Full Capacity	
Given Name::		
Middle Name::		
Family Name::		

Name Suffix::					
City of Residence::					
State or Province of I	Residence::				
Country of Residence	e::				
Street of Mailing Add	ress::				
City of Mailing Addre	ss::				
State or Province of I Address:: Country of Mailing Ad	•				
Postal or Zip Code of Address::	Mailing				
Correspondence I	nformation				
Correspondence Customer Number:: Phone Number:: Fax Number:: E-Mail Address::		26694			
		(202) 962-4043			
		(202) 962-8300 cmvoorhees@venable.com			
Representative Custo Number::	omer	26694			
Domestic Priority	Information	1			
Application::	Continuity T	уре::	Parent Application::	Parent Filing Date::	
	Continuation	n of			
	Continuation	n of			
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02405627.7	July 19, 2002	yes

Assignee Information

Assignee Name:: Müller Martini Holding AG

Street of Mailing Address:: Sonnenbergstrasse 13

City of Mailing Address:: Hergiswil

State or Province of Mailing

Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing CH-6052

Address::